



**MAYOR VINCENT C. GRAY  
WORKFORCE INCENTIVE PROGRAM (WIP)  
OPEFM SUMMER CONSTRUCTION OPPORTUNITIES**

**WORKFORCE CANDIDATE PROFILE**

Please answer the questions and complete all required fields on this application. If you have a resume, please attach it to the completed application and return to OPEFM staff.

**BIOGRAPHICAL INFORMATION**

FIRST NAME: MIDDLE NAME: LAST NAME:

STREET ADDRESS: APT #: WARD:

CITY: Washington STATE: DC ZIP CODE:

HOME PHONE: CELL PHONE: EMAIL:

DATE OF BIRTH (MM/DD/YYYY): ☐ MALE ☐ FEMALE

U.S CITIZEN: ☐ YES ☐ NO PERMANENT RESIDENT: ☐ YES ☐ NO

IF OTHER, PLEASE SPECIFY:

REGISTERED FOR SELECTIVE SERVICE: ☐ YES ☐ NO

**EDUCATION**

Please check the highest level of education completed

☐ HIGH SCHOOL DIPLOMA ☐ GED CERTIFICATE  
☐ SOME COLLEGE EDUCATION ☐ COLLEGE GRADUATE



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**TRAINING**

APPRENTICE TRAINING: ☐ YES ☐ NO

LIST CERTIFICATION:

OSHA CERTIFIED: ☐ YES ☐ NO

SECURITY CLEARANCE: ☐ YES ☐ NO

IF YES, PLEASE SPECIFY THE LEVEL OF CLEARANCE:

UNION MEMBER: ☐ YES ☐ NO

IF YES, PLEASE SPECIFY UNION:

REGISTERED WITH D.O.E.S: ☐ YES ☐ NO

Were you referred by a Workforce Development Organization (WDO)? ☐ YES ☐ NO

If so, which WDO?

**TRANSPORTATION**

Please list the way(s) you will commute to and from work each day:

☐ PERSONAL VEHICLE

DO YOU HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO

☐ PUBLIC TRANSPORTATION

☐ OTHER, EXPLAIN



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**EXPERIENCE PROFILE**

**ARE YOU IN A JOURNEYMAN'S PROGRAM?** ☐ YES ☐ NO **If yes, please explain below**  
Journeyman Experience: Trade division(s) Years experience, if any

**ARE YOU IN AN APPRENTICE PROGRAM?** ☐ YES ☐ NO **If yes, please explain below**  
Apprentice Experience: Trade division(s) Years experience, if any

**CONSTRUCTION DIVISIONS: Circle up to three (3) divisions of interest or qualification**  
*(Divisions 1, 11 and 13 not listed)*

DIVISION 2: Sitework, Demolition, Trash removal/moving and storage, Abatement

DIVISION 3: Concrete

DIVISION 4: Masonry, Exterior façade restoration

DIVISION 5: Structural steel and Miscellaneous metals

DIVISION 6: Rough Carpentry - Woods and plastics

DIVISION 7: Thermal and moisture protection, Waterproofing, Roofing

DIVISION 8: Doors and windows, Curtain walls, Caulking, Glass and glazing

DIVISION 9: Finishes, Drywall, Painting, Flooring, Ceilings, Signage, Ceramic tile

DIVISION 10: Specialties, Toilet partitions, Casework, Lockers

DIVISION 12: Furnishings, Seating, Window treatments

DIVISION 14: Elevators

DIVISION 15: Mechanical, Plumbing, Fire protection, HVAC

DIVISION 16: Electrical, Lighting, Low-voltage systems

DIVISION 17: Information technology systems



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**DETAILED WORK EXPERIENCE**

List paid or unpaid work experience relevant to the position for which you are applying. Please attach resume.

☐ **No Work Experience**

<b><u>POSITION:</u></b>			
Employer's Name	Dates of Employment (Month/Year) From _____ To _____	Annual Salary  Starting \$ _____ Final \$ _____	Average Hours Per Week
Address			
Telephone	Name and Title of Supervisor		
Reason for Leaving	No. of Employees Supervised		
If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion			
Job Title and Duties, Responsibilities and Accomplishments			

  

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**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Official Code § 1-616.51 *et seq.*) (2001). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia Government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date